

Less U.S. Medical Students Choosing Primary Care

Carla K. Johnson, Associated Press

CHICAGO — Only 2 percent of graduating medical students say they plan to work in primary care internal medicine, raising worries about a looming shortage of doctors who used to be the backbone of the American health care system. The results of a new survey suggest that more medical students, many of them saddled with debt, are opting for more lucrative specialties.

Just 2 percent of nearly 1,200 fourth-year students surveyed planned to work in primary care internal medicine, according to results published in the September 10, 2008 issue of the Journal of the American Medical Association. In a similar survey in 1990, the figure was 9 percent.

"...it's hard work taking care of the chronically ill, the elderly and people with complex diseases..."

Paperwork, the demands of the chronically sick and the need to bring work home are among the factors pushing young doctors away from careers in primary care, the survey found.

"I didn't want to fight the insurance companies," said Dr. Jason Shipman, 36, a radiology resident at Vanderbilt University Medical Center in Nashville, Tenn., who is carrying \$150,000 in student debt.

Primary care doctors he met as a student had to "speed to see enough patients to make a reasonable living," Dr. Shipman said.

Dr. Karen Hauer of the University of California, San Francisco, the study's lead author, said it's hard work taking care of the chronically ill, the elderly and people with complex diseases - "especially when you're doing it with time pressures and inadequate resources."

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Interprofessional Service Learning Project: Home Grown Innovation

Emily Warren, LMSW, Health Professions Student Coordinator, Lowcountry AHEC

Lowcountry AHEC's Health Profession Student Program was excited to be a part of the pilot Interprofessional Service-Learning Project (ISLP) at the Medical University of South Carolina (MUSC). ISLP was designed by MUSC faculty from several programs including medicine, pharmacy, health administration, nursing, and physician assistant as part of the *Creating Collaborative Care Initiative*. The project is being implemented in collaboration with the Junior Doctors of Health Program at MUSC.



The goal of ISLP is to provide health professions students with collaborative, interprofessional learning experiences designed to increase their knowledge and skills in health promotion/disease prevention.

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The salary gap may be another reason. More pay in a particular specialty tends to mean more U.S. medical school graduates fill residencies in those fields at teaching hospitals, Dr. Mark Ebell of the University of Georgia found in a separate study.

Family medicine had the lowest average salary last year, \$186,000, and the lowest share of residency slots filled by U.S. students, 42 percent. Orthopedic surgery paid \$436,000, and 94 percent of residency slots were filled by U.S. students.

Meanwhile, medical school is getting more expensive. The average graduate last year had \$140,000 in student debt, up nearly 8 percent from the previous year, according to the Association of American Medical Colleges.

Another likely factor: Medicare's fee schedule pays less for office visits than for simple procedures, according to the American College of Physicians, which reported in 2006 that the nation's primary care system is "at grave risk of collapse."

Lower salaries in primary care did not deter Dr. Alexis Dunne of Chicago, who is 31 and carrying \$250,000 in student debt. Last year, a parade of specialists couldn't solve the mystery of her mother's weight loss, fevers and severe anemia. Finally, an internist diagnosed a rare kidney infection. The kidney was removed and Dr. Dunne's mother has felt fine since.

Watching her mother go through the health crisis affirmed her decision to go into primary care. She also enjoys being "the point person" for her patients.

"You become so close to them you're almost like a family friend," said Dr. Dunne, who completed her residency at Chicago's Northwestern Memorial Hospital in July.

She also found inspiration from the doctors she met during training: "They were the ones who would sit at a patient's bedside and spend more time with them rather than running off to surgery."

A separate study in JAMA suggests graduates from international medical schools are filling the primary care gap.

About 2,600 fewer U.S. doctors were training in primary care specialties - including pediatrics, family medicine and internal medicine - in 2007 compared with 2002. In the same span, the number of foreign graduates pursuing those careers rose by nearly 3,300.

"Primary care is holding steady but only because of international medical school graduates," said Edward Salsberg of the Association of American Medical Colleges, a co-author of the study. "And holding steady in numbers is probably not sufficient when the population is growing and aging."

The Web-based survey was done at 11 medical schools with demographics and training choices similar to all U.S. medical students.

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The South Carolina Perspective

The issue of a dwindling primary care workforce also has severe ramifications for South Carolina. As William Hueston, MD, Chair of Family Medicine at the Medical University of South Carolina, points out, "Currently 23 rural counties in South Carolina are health workforce shortage areas. With fewer and fewer primary care doctors finishing training, rural areas are not able to attract new physicians. Without more primary care physicians coming to these counties, rural hospitals could be forced to close which would bring additional economic hardship and greater difficulty in healthcare access to residents of these areas."

This quote is excerpted from an article written by Dr. Hueston and published in the April 2008 edition of the South Carolina Medical Association Journal. Email journal@scmanet.org to obtain a copy. (JSCMA, Volume 104, Issue 4, Pages 86-90)

South Carolina Area Health Education Consortium

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South Carolina DHEC Names Richard Ervin Physician of the Year

The state Department of Health and Environmental Control announced in July that Richard Ervin, MD, a past Director of Medical Education for McLeod Regional Medical Center and in that capacity, chair of the South Carolina AHEC Council, has been recognized for his service to public health.

Dr. Ervin, a Florence physician who specializes in infectious diseases, was recognized for nearly 30 years of service to tuberculosis patients as DHEC Region 6's TB clinic physician. Dr. Ervin also serves as the state tuberculosis program physician consultant and works part time as the Director of Medical Informatics at McLeod Regional Medical Center.

"We need a variety of partners to have a successful public health system," said DHEC Commissioner Earl Hunter. "Dr. Richard Ervin exemplifies the best qualities of service and dedication so that we can have healthy South Carolinians living in healthy communities."

"Dr. Ervin's skills, personality, expertise and passion for his work make him an irreplaceable asset to our state TB program," said Lisa Waddell, M.D., deputy commissioner for DHEC Health Services. "I have no doubt that TB patients are in solid hands and the public is, without a doubt, better protected."

South Carolina AHEC congratulates Dr. Ervin on this prestigious recognition.



Bridges an AHEC Success Story

Dr. Kimberly Bridges is truly an ongoing AHEC success story. She has been actively involved with the South Carolina AHEC for over 20 years as a student, resident, physician, teacher and mentor.

Dr. Bridges is a 1986 graduate of the University of South Carolina (USC) School of Medicine, where she participated in the AHEC senior elective program. After graduating from USC, Dr. Bridges joined the Greenville Hospital System Family Practice Residency Program, where she received the James W. Clatworthy Award for Excellence in Family Medicine. She graduated from the Greenville Residency Program in 1989 and was one of the first recipients to receive the South Carolina AHEC State Incentive Grant and the NHSC Loan Repayment Grant that provided financial support as she set up her practice in Landrum, SC. Dr. Bridges is still practicing in Landrum today.



"I had always dreamed of practicing in a small town similar to where I grew up," explained Dr. Bridges.

"Having the incentive grant allowed me to do that without an excessive financial burden. I truly hope that South Carolina can continue the incentive grants to help meet the health care needs of folks in small towns. Twenty years later, I have never regretted my decision to stay here in South Carolina and to practice primary care."

Dr. Bridges was one of the first speakers to speak at the Family Practice Interest Day that began in 1990. She is certainly an asset to the citizens of the City of Landrum and Spartanburg County.

South Carolina AHEC wishes Dr. Bridges continued success as she continues her practice to the citizens of South Carolina.

Pee Dee AHEC's Redesigned Website Offers On-line Registration

Traci Coward, Health Professions Student Coordinator,
Pee Dee AHEC



Pee Dee AHEC's website gets a new look this Fall with upgraded services. The vital information is staying, but many improvements have been made including the ability to register and pay online for Continuing Education classes.

"We are excited about the website, because it allows Pee Dee AHEC to go paperless by allowing customers to go online and register for classes without having to send a fax or mail in forms," states Brad Richardson, HillSouth Visual Communications Designer.

The website has an ease of navigation and the ability to access any page directly from the home page. There are online calendars available for checking dates for each AHEC service and the graphics are cutting edge. Events are easily posted for everyone to see throughout the site.

The site is handled by a controlled system that is safe and secure, while dealing with confidential information such as registration and credit cards. The fresh, updated design offers a top of the line management system that will allow the AHEC staff to update information themselves, rather than having to rely upon HillSouth to make changes.

Lots of information will continue to be accessible on the site such as contact information, directions, grant activities, and other related links. Please check out the newly constructed Pee Dee AHEC website when you have time to browse at www.peedeeahec.net. They welcome your feedback and are happy to answer questions you may have.

www.peedeeahec.net

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The students work together as an interprofessional team in a community health service-learning project focused on childhood obesity. As a result of participating in ISLP, the students learn the value of teamwork and about the community health approach to healthcare and prevention.

Between October 2007 and May 2008, Lowcountry AHEC facilitated six, three-part didactic sessions involving 27 MUSC health professions students. Twelve medicine, six pharmacy, six physician assistant, and three health administration students participated. Students worked in teams of 3-5 during their month-long session.

Through collaboration with Junior Doctors of Health, the MUSC students had the opportunity to work on an existing community service learning project at an underserved, inner-city elementary school.

The ISLP teams at Wilmot J. Fraser Elementary worked with teachers taking part in



the Teacher Exercise Program. At Mitchell Elementary, the ISLP teams worked with children in the after school program. They implemented the *Junior Doctors of Health Curriculum* and included sessions on the importance of hydration.

The Interprofessional Service Learning Project will continue this academic year in Charleston and will be piloted in the other three AHEC regions of the state. As the program evolves, plans are to add other disciplines.

For additional information about the ISLP program, contact Lowcountry AHEC at 843-782-5052.

2008 South Carolina Recruiting Trip to Kansas City

Julie Cannon, Family Medicine Residency Coordinator, Spartanburg Regional

The American Academy of Family Physician's National Conference for Students and Residents was held on July 31-August 2, 2008 in Kansas City. This is an annual conference where family medicine residents and medical students have the opportunity to learn more about residency programs, attend conference sessions, and participate in several hands-on learning opportunities.

Conference focus areas ranged from career planning and practice management, to clinical skills and research.

Throughout the conference, all eight of the South Carolina AHEC Family Medicine Residency Training Programs stayed busy at the recruiting booth meeting medical students and explaining to them the benefits of completing residency training in South Carolina. A total of 70 medical students from around the country visited the booth and were eager to

learn more about both the state and the state's residency programs.

This year's conference was a success for each South Carolina Family Medicine Residency Program and for the residents and students who attended. Special thanks to both Becky

Seignious, Director of Recruitment and Retention Programs at South Carolina AHEC and Karen Turner, Program Coordinator at the Medical University of South Carolina for their help in planning and organization this year's event! For more information about South Carolina AHEC's Family Medicine

Programs, visit www.scahec.net and select Graduate Medical Education.



The team representing South Carolina included Directors and Residents from each of the eight South Carolina Family Medicine Residency Programs.

Continuing Education Council Presents at National AHEC Conference

The South Carolina AHEC Continuing Education (CE) Council presented an hour long seminar entitled *Sustainability through Continuing Education* at the National AHEC Organization Conference in Denver, CO. Participants learned how to form a Consortium with institutions paying membership fees for CE and how to provide CE coordination as a fee-for-services for large conferences. In addition, grant writing skills and tips were discussed. Lastly, the Council shared how South Carolina AHEC is utilizing new technology like satellite classes, webcasts, podcasts, and computer-based modules to deliver education to health professionals. The CE Council will continue to develop innovative programs and delivery methods that can serve as models for other AHECs.



Pictured left to right : Kay Lambert (Pee Dee AHEC), Diane Kennedy (Lowcountry AHEC), Pam Bartley (Mid-Carolina AHEC) and Bennie Pettit (Upstate AHEC)

Summit Marks Culmination of Five-Year Preparedness Grant

The nation's AHECs are leaders in the field of health education and training for healthcare providers and are uniquely positioned to help the United States prepare for natural and man-made disasters. The South Carolina AHEC, supported in part by a grant from the Assistant Secretary for Preparedness and Response of the U.S. Department of Health and Human Services (Grant # T01HP01418), hosted a national summit for emergency and disaster medicine providers to learn about the latest methods for responding to and treating victims of emergencies and disasters and to learn about the newest products and technologies available to providers.

The South Carolina AHEC Emergency and Disaster Medicine Summit was held at the Charleston Area Convention Center on August 15-16, 2008. Over 260 first responders, emergency nurses, physicians, and public health professionals took part in this interdisciplinary training.



Matthew Minson, MD presented a short overview of Disaster Public Health and Medical preparations.

On the first day of the conference, participants selected from presentations in the educational areas of Pre-Hospital Care (EMS), Emergency Nursing, Disaster Medicine and General Interest. The second day featured a panel of experts who considered the decisions communities face trying to prevent, prepare for, or respond to massive public health emergencies. In a moderated discussion with the audience, this panel explored the kinds of choices that public officials, healthcare workers, law enforcement, and volunteers will have to confront in the case of a bioattack.



"For too long, healthcare and emergency response professionals have trained in their own worlds, isolated from one another," explains Dr. David Garr, South Carolina AHEC Executive Director. "First receivers and first responders have critical roles that depend heavily on each other, but rarely do they have the opportunity to learn or train together."

In an emergency, it will be critical that emergency medical first responders, emergency room nurses, disaster medicine experts and medical reserve corps volunteers understand how vital interaction and collaboration are necessary to meet the healthcare needs in their community. This Summit served as a unique opportunity for individuals serving in arenas vital to a disaster response to convene, plan, and form a solid foundation for



Robert Ball, EMT-P provided lessons he learned from the Minneapolis Bridge Collapse.

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preparedness. In addition to “discipline-oriented” content, participants participated in team building and joint learning sessions geared towards disaster preparedness, recognition and response.

Summit sponsors included: South Carolina Department of Health and Environmental Control, Medical Reserve Corps; South Carolina Department of Health and Environmental Control, SMARTT Program; Western Shelter Systems; Southeastern Emergency Equipment; EMS Innovations, Inc.; ProPac; Roper St. Francis Healthcare and the University of South Carolina Center for Public Health Preparedness.

For additional information about the efforts associated with the South Carolina AHEC Disaster Preparedness and Response Training program, visit: www.scahec.net/prepares. Copies of presentations from the Summit are also available on this site.

New Medical Disaster Relief Unit Formed in South Carolina

A new medical Disaster Relief Team in South Carolina will have unprecedented access across the world, even in seemingly remote countries.

The new team, consisting largely of medical personnel such as doctors and emergency technicians, is a joint effort between several emergency relief entities including federal Disaster Medical Assistance Teams (DMAT) and the South Carolina Baptist Disaster Relief Ministry.

The unit is fully equipped as an operational, mobile medical emergency center able to accompany other Disaster Relief Teams as medical aid or be sent independently to an area. Lessons learned in previous disasters such as Katrina confirmed to emergency medicine personnel that often an infrastructure can be so badly damaged that mobile units are necessary.

All medical team members participate in training classes offered through the federal DMAT. After certification, this unit will be activated as any other South Carolina Disaster Relief Unit. The medical teams also received basic training through the South Carolina AHEC Disaster Preparedness and Response Training Network as part of a grant from the Office of the Assistant Secretary for Preparedness and Response.

“Cliff Satterwhite, South Carolina Baptist Disaster Relief director, thought it would be a good idea to have medical folks around when they sent chainsaws off somewhere,” said Ralph Shealy, Co-director for the South Carolina AHEC Disaster Preparedness and Response Training Network and medical team member.

The team is also structured to respond internationally.

“We are preparing all of our equipment so that it is palletized and can be loaded onto trucks or aircraft for transport worldwide,” said Shealy.

Team member Randy Shell recalls a trip to Sri Lanka after the devastating 2005 tsunami.

“We could not have gotten near the country except that we had a doctor on the team. The doors opened and we walked right in and I thought to myself, ‘I bet we can do this anywhere in the world,’” said Shell, who shortly after the Sri Lanka trip formed Southeastern Medical International which is working in concert with the Disaster Relief team to provide much needed equipment and medical supplies.

Satterwhite and other Disaster Relief leadership have also met with the South Carolina Department of Health & Environmental Control to offer the team as a resource in case of a state-concentrated disaster.

“This is something that came about really because there was a need there,” said Eddie Pettit, Camp McCall manager/director and coordinator for the team. We thought we were fine for all those years. We never thought our infrastructure would be damaged. Katrina taught us we don’t have it covered.”

The new unit is one of two statewide Disaster Relief units with the other being a chaplain unit. Other units originate in associations

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or churches. South Carolina and Oklahoma are currently the only two states with Disaster Relief medical units.

Pettit says the team still has some major needs including in-kind donations from hospitals or doctors' offices.

"There are some things that hospitals really don't need that we do need to help us in a major disaster," he said.

Pettit also points to a need for pharmacists, police officers or security personnel, insurance brokers and attorneys to serve as volunteers on the team.

"We haven't even scratched the surface of the potential of the people in the state," said Pettit.

For more information on the Disaster Relief Medical Team, call (800) 723-7242 ext. 3400. Information about the South Carolina AHEC Disaster Preparedness and Response Training Network is available at www.scahec.net/prepares.



Earlier this summer, the new medical Disaster Relief unit participated in a field exercise and training in preparation for activation in an emergency. The exercise was staged at the White Oak Conference Center in Winnsboro, SC and emulated a disaster zone complete with 200 life size mannequins with various injuries to symbolize mass casualties. Volunteers had to process the patients, interact with victims and medical personnel and utilize a Medi-Vac helicopter system. The unit also practiced cleaning and packing all equipment. Collaborators included the South Carolina AHEC Disaster Preparedness & Response Training Network and the South Carolina Department of Health and Environmental Control.

Nursing & Dental Careers Academy Provides Intensive Summer Experience

Sixteen college students from across the state of South Carolina gathered in Charleston at the beginning of June for six days and five nights of activity. This gathering, however, was not the traditional college frolic that usually occurs during the early weeks of summer. Instead, the students were participating as Fellows in the South Carolina AHEC 2008 Nursing and Dental Careers Academy.

The Nursing and Dental Careers Academy is designed to increase the acceptance, retention, and graduation rates of under-represented minority and disadvantaged students in nursing and dental medicine training programs. Emphasis is placed on highlighting the training opportunities and practice needs within South Carolina. Consideration for Academy acceptance is based upon an application, which includes a transcript, an essay, letters of recommendation, and a personal interview consisting of a formal discussion about academic and professional goals.

Academy Fellows participate in both clinical and didactic sessions facilitated by faculty and staff from the Medical University of South Carolina (MUSC) and South Carolina State University. This year's topics included defining and identifying health disparities, disease processes, cultural competence, and fundamentals of nursing and dentistry. Professional networking was provided with shadowing experiences and dinner forums with practicing, retired and student nurses and dentists. Sessions focusing on the preparation for admission provide assistance in the development of a personal statement or essay and transcript evaluation. Interdisciplinary sessions promoted the value and necessity of the healthcare team.

The week culminated with group poster presentations judged by faculty and staff of the Medical University of South Carolina. The development and inclusion of a group Powerpoint presentation was a required component of the Academy. The presentations may be viewed on line at www.scahec.net. Following the presentations, feedback is provided for each group member to support the continued development of team building and presentation skills.

Kendria Moore of Florence, SC reflected on the week she spent as an Academy Fellow. "I've learned a great deal during the time I spent in sessions and working on presentations," she states. "The speakers were wonderful and they inspired me to continue working on my career goals."



Nursing & Dental Careers Academy students practice taking vitals during one of the interactive education sessions offered at the Academy.

Continuous follow-up with the Nursing and Dental Career Academy Fellows is provided by faculty and staff to support the admission of Academy Fellows into health professional training programs.

Established in 2004, the Academy is an annual event that takes place on the campus of the Medical University of South Carolina during the first week of June. Partners in this year's Academy include Johnson & Johnson Campaign for Nursing, REACH US: SEA-CEED, and the MUSC's Colleges of Nursing and Dental Medicine. Applications are accepted each Spring and will be available at www.scahec.net.

HEALTH PROFESSIONAL CAREER PROFILE

DOCTOR OF MEDICINE

Doctors of Medicine, also known as physicians, are medical practitioners who diagnose and treat human diseases and injuries. They continually acquire knowledge in order to keep abreast of advances in technology, equipment, techniques and medications. Depending on their specialty areas, they diagnose and treat illnesses of children and/or adults through therapy, surgery or medication; they teach people how to stay well; they conduct research on diseases and new methods of prevention and treatment; and many teach medical students and residents.

Areas of Specialization

Primary care physicians practice in most areas of medicine and may refer patients with complex medical problems to other specialists.

Primary care areas include:

Family practice • Internal medicine • Pediatrics (emphasis on children's health)

Other specialists diagnose and treat patients with illnesses and/or injuries related to specific branches of medicine or parts of the human body.

Places of Employment

• Armed forces • Clinics • Government health agencies • Group practices • Health maintenance organizations (HMOs) • Hospitals • Industries/corporations • Long-term care facilities • Medical schools • Private offices • Public health departments • Research institutes • Student health services

Educational Preparation

Students interested in becoming physicians should take college preparatory courses in high school including: three courses in math including Algebra I, Algebra II and geometry or a higher level math course for which Algebra II is a prerequisite; three science courses including one biological science, one physical science and one lab course; four English courses; two social studies courses including one in U.S. history; and two years of foreign language.

After graduation from high school, it usually takes about 11 years to become a physician: four years of

college, four years of medical school, and three years of residency. However, a few medical schools offer a combined college and medical school program that lasts six years instead of the customary eight years. For some specialties, residency may take longer, up to eight years. The most common requirements for entering schools and colleges of medicine are: 1. Completion of a pre-medical college or university program or its equivalent (four years) with an acceptable grade average. 2. Application through the American Medical College Application Service (AMCAS). 3. Passing the Medical College Admissions Test (MCAT) with a competitive score. 4. A personal interview, additional applications, further testing, as required and letters of recommendation. Schools also consider character, personality, leadership qualities and participation in extracurricular activities.

Licensure, Certification and Registration

To practice as a physician, one must pass an examination for state licensure from the South Carolina Board of Medical Examiners as well as a National Medical Licensure Examination.

Educational Programs

• Medical University of South Carolina, Charleston
• University of South Carolina, Columbia

Professional Organizations

American College of Physicians, www.acponline.org • Association of American Medical Colleges, www.aamc.org and www.aspiringdocs.org • American Medical Association, www.ama-assn.org • South Carolina Medical Association, www.scmanet.org • South Carolina State Board of Medical Examiners, www.llr.state.sc.us/pol/medical



Rheumatology Fellow Specializes in Medicine that Connects

Looking back on her childhood, Roneka Ravenell reflects upon the challenges she faced on her path to becoming a physician. She views growing up in what she describes as “a small, rural town”, without personally knowing a healthcare professional to serve as a career model, as a disadvantage in her early professional development.

As testament of her resiliency, Roneka sought out opportunities to support her goals. “There are always challenges, no matter what you do”, explains Roneka. “But here’s the thing,” she continues, “I feel that there will always be barriers, whether those placed by others, financial, or social. The bigger they are the harder I fight.”

As a student in Cross, SC, Roneka Ravenell enjoyed classes in math and science. There, she became involved with AHEC programming through the MUSC Office of Diversity which provided her with opportunities to gain exposure to the medical field. Her summers were spent as an intern in clinical settings and research labs coordinated through AHEC programming.

“I wanted to investigate as many aspects as possible”, Roneka recalls.

Driven by her interest in math and science, Roneka left Cross, her family and friends during her junior year in high school to enroll in the SC Governor’s School for Science and Mathematics, a residential, pre-college experience for South Carolina’s talented juniors and seniors. During the summer between high school graduation and her college enrollment, she took advantage of the opportunity through AHEC to intern with MUSC nephrologist, Dr. DeAnna Cheek. This experience helped to affirm her goal of pursuing a career in medicine.

Roneka enrolled in Duke University as a chemistry major with a double minor in African American Studies and Political Policy Studies. Outside of the classroom, her college years were spent as a member of pre-med organizations at Duke and as a volunteer at local hospitals.

“These experiences were very helpful. It was during my junior year, while volunteering at the Duke University

Medical Center, that I finalized my decision to apply for medical school.”

She returned to South Carolina and enrolled in the MUSC College of Medicine after completing her undergraduate studies. Following medical school, she completed her residency in Internal Medicine and decided to specialize. Roneka selected the field of rheumatology. She is currently completing a rheumatology fellowship program at MUSC.

“There are always challenges, no matter what you do.”

“At this point, I specialize in seeing patients with connective tissue diseases, arthritis, muscle and bone diseases.” She describes her fellowship as an “intense, focused training in one field, more of a narrow spectrum in the realm of a very wide array of internal medicine.”

Dr. Ravenell will complete her fellowship in July 2009. “I’m counting down”, she muses. When asked what’s next, she replies, “I’m looking forward to actually practicing outside of the academic setting. I ultimately plan to pursue a career in private practice rheumatology, but I may eventually return to academic medicine as teacher one day.”

For now, she prides herself in providing the most prompt and effective care as possible for her patients. She also enjoys spending time outside of the hospital traveling, playing tennis and hanging out with family and friends.

For students interested in pursuing health related careers, Dr. Ravenell recommends connecting with someone in the field.

“It’s much easier when you have an idea of what to expect and have a mentor or someone to talk to when things get tough.” She suggests, “Focus and believe in yourself. Perseverance is key, but you must be willing to work hard. Don’t let others tell you that you can’t. If you believe, work hard and persevere, you can do anything. Keep your head up. You really can achieve it.”

Dr. Ravenell is unable to discuss the success of her life without mentioning the importance of

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her family and her faith. She credits her mother, who was a single parent for most of Roneka's childhood, for working tirelessly to ensure that she had ample opportunities to pursue her desires. She sees herself as the product of a true village that included her maternal grandparents, aunts, uncles and stepfather.

"But at the base of our family has always been our faith", she emphasizes. "I cherish my path with all of the hills and valleys, turns and what sometimes seemed like dead-ends, but eventually turned into only small barriers or pit stops. I look forward to the years after training. The best is yet to come!"

Interested in learning more about Rheumatology or clinical fellowships? Dr. Ravenell invites you to email your questions to her at ravenell@musc.edu.

Mother and Son Team Receives Nursing Scholarships from Lowcountry AHEC

Tavy Smalls, Health Careers Program Coordinator, Lowcountry AHEC

Since 2002, the South Carolina AHEC has annually awarded scholarships to college students who have an interest in the field of Nursing. Students from colleges and universities across the four AHEC regions are eligible to apply for the scholarships. Criteria for applying for the nursing scholarship are: providing a two page letter discussing their interests in nursing, submitting two letters of recommendation, verifying completion of high school, and completing an interview with the AHEC staff. Technical college students are awarded \$500 and four-year college or university students are awarded \$1000 for use towards their education.

Among the recipients of the 2008 Lowcountry AHEC Nursing Scholarship were a mother and son from Beaufort, SC, Valerie and Jo-el Benn. Jo-el is a rising junior at the University of South Carolina – Aiken with aspirations of becoming a registered nurse. Jo-el has been a part of the Health Careers Program at Lowcountry AHEC since he was a sophomore in high school where he participated in the Beaufort Memorial Hospital Medical Careers Group. The Group is coordinated by Toni Rhekop, a respiratory therapist at Beaufort Memorial Hospital and Co-Chair of the Lowcountry Coalition Group. Jo-el worked with Mrs. Rhekop at her annual Asthma Camp at Beaufort Memorial in 2006. During that same summer, Jo-el was honored as the Lowcountry AHEC Student of the Year. Jo-el always provided an excellent example to other students from the moment he was accepted in the Health Careers Program.

Once Jo-el received information concerning the scholarship, he asked permission to send the application to others. As chance would have it, his

mother, Valerie Benn a rising senior at the University of South Carolina – Beaufort, was also eligible to apply and then also receive a scholarship. Mrs. Benn has been a healthcare professional for a long time. She has been in nursing for 28 years, becoming a Licensed Practical Nurse in 1980, and adding an Associate Degree in Nursing in 1989. In 2007, she began working on her BSN. She has worked in many different areas, including intensive care, emergency, and diabetes education. Currently she works in the radiology department at Beaufort Memorial Hospital.

The nursing blood lines run deep in the family. Valerie Benn's husband, James, is also a registered nurse and Valerie's sister, Joy Rivers, is a Nurse Educator at Beaufort Memorial Hospital. Ms. Rivers is also an AHEC Continuing Education presenter who spoke to a group of Health Careers Program students at Beaufort Memorial Hospital last year. Ms. Rivers has been honored as a Palmetto Gold Award Recipient for being one of the most outstanding nurses in the state of South Carolina. With this type of precedent set, it seems very likely that this family will provide South Carolina with more and more quality nurses in the future.

Lowcountry AHEC is proud to award nursing scholarships to Jo-el Benn and Valerie Benn and applauds their efforts while wishing them continued success. In addition, Lowcountry AHEC would like to thank Joy Rivers for her quality work and wish her continued success in the field of nursing. For additional information about the Lowcountry AHEC Health Careers Program, contact Tavy Smalls at smallst@lcahec.com or call 843-782-5052.

Lowcountry AHEC Honors HCP Student

Lowcountry AHEC's Health Career Program (HCP) has had many successes working with students in high school, transitioning those students into college, and guiding those students into careers in health care. In many instances, students enter the pipeline at different points in their career. Tiffany Hunter entered Lowcountry AHEC's HCP as a sophomore at Winthrop University in the Summer of 2002. She applied to the Lowcountry AHEC Summer Internship Program since she is from Johns Island, SC.



Tiffany decided that she wants to continue her education and work towards her Accelerated

Bachelors of Science in Nursing Degree. Tiffany applied to the Medical University of South Carolina's School of Nursing and was accepted. She began her studies in September of 2008. Tiffany also applied and was awarded the Lowcountry AHEC Nursing Scholarship. She has always had a passion for health care and was honored to receive the scholarship. Tiffany understands the need for well-rounded

Tiffany was fortunate enough to be placed in her hometown and to be paired with Dr. Genieveve Jones, a family practice physician on Johns Island. Tiffany received many accolades from Dr. Jones because of her work ethic, enthusiasm, rapport with patients, and her ability to monitor and adjust to her environment. The program was designed to run for 5-weeks, with a 20-hour week average, but Tiffany went over and above and completed many more than the required hours for her internship.

From there, Tiffany was launched into a career in the health field. While at Winthrop University, she sharpened her skills as an assistant in the chemistry department for three years. She graduated in 2005 with a BS in Biology and began working as a medical receptionist with Lowcountry Medical Associates. Tiffany has a variety of job duties that require her to work with many physicians. She has triaged patients, performed venipunctures, and administered medications as needed.

While working with the Lowcountry Medical Associates, she attended Trident Technical College at night to become certified as a medical assistant. In order to complete the certification, Tiffany did a three-month externship with Doctor's Care in Charleston where she worked triaging patients, charting patient information, and performing various laboratory tests.

individuals in the field and that nurses need to be efficient with policies and procedures. They must have "excellent customer service skills."

Tiffany admits that a lot of things have aided her in pursuing a career in healthcare.

"As a minority from the rural community of John's Island, I see first-hand the need for more healthcare professionals."

"I participated in a summer internship sponsored by AHEC during the summer of 2002," she recalls. "The experience and knowledge that I gained that summer is one of the many reasons why I love the health care field. As a minority from the rural community of John's Island, I see first-hand the need for more healthcare professionals."

Tiffany graduates from MUSC in 2009 and she will surely be an asset to her peers, patients, and community for years to come.

Congratulations to Tiffany Hunter as she pursues her career dreams.

For additional information about the Lowcountry AHEC Health Careers Program, contact Tavy Smalls at smallst@lcahec.com or call 843-782-5052.

Health Careers Summer Institute Recognizes South Carolina's Best

On June 10 – 13, over 90 high school and undergraduate students arrived on the campus of Lander University in Greenwood for the 8th annual South Carolina AHEC Health Careers Summer Institute. Their goal was to explore health careers and enhance professional and academic skills that will support their goals of becoming the future health professionals of South Carolina.

The Summer Institute was coordinated by the South Carolina AHEC Health Careers Program and provided an intensive, residential educational experience for high school and undergraduate students interested in a health professions careers. The four-day event included interactive sessions on academic and career planning, resource development and basic health skills training. Sessions were facilitated by health related practitioners and educators. The South Carolina Commission on Higher Education, Blue Cross/Blue Shield of South Carolina, Palmetto Health and the USC Office Equal Opportunity Programs partnered with South Carolina AHEC as sponsors.

Students who attend the Summer Institute are selected by the regional AHEC centers through an application process. The Institute provided a great venue for students to network. Participants were provided with opportunities to interact with healthcare professionals who help to influence career choices. Also valuable were

the opportunities for participants to connect with students from across the state who have similar interests and ambitions. Connections were made that may serve to strengthen the support networks towards personal success for each participant.



Academic preparation is an important part of the Institute.

"I really, really enjoyed my experience during the Summer Institute," Briana Georges recalls. "It gave me ample amounts of information that will help me reach my goal of becoming a health care professional. I also made many new friends, both older and younger, from all the AHEC regions who will be at USC with me in the Fall."

Facilitators for the 2008 Institute sessions included health professionals and educators from Self Regional Hospital,

Piedmont Technical College, Lander University, Spartanburg Regional Healthcare System, Greenville Hospital System and Greenville Technical College. Session topics covered CPR and First Aid, health care simulations featuring SIMMAN, etiquette, prostate and breast cancer. General session speakers during the event were Representative David Mack from South Carolina House District 109; Eric Brown from EnSite Solutions and Dr. Brenda Thames from Greenville Hospital System.



Students participate in interactive sessions facilitated by practicing healthcare professionals.

Mayor Floyd Nicholson officially proclaimed June 9 – 13, 2008, as Future Health Professionals Week in the city of Greenwood. In addition to the hands-on, interactive health career exploration activities and professional networking, the week's highlights included a Leadership Banquet and the recognition of participant accomplishments. Awards were presented to:



South Carolina AHEC cancer survivors Angel Clark and Diane Kennedy shared their experiences.



The Health Careers Program Council received the proclamation from Greenwood Mayor Floyd Nicholson.

Competition Winners

Briana Georges, Mid-Carolina AHEC
Essay Competition

Steven Johnson, Lowcountry AHEC
Talent Competition

Student of the Year Awards

Steven Johnson
Lowcountry AHEC

Briana Georges
Mid-Carolina AHEC

Javae McWhite
Pee Dee AHEC

Ma'Kelle Chapman
Upstate AHEC

Steven Johnson
South Carolina AHEC

Scholarship Recipients

Lauren Littlejohn, Upstate AHEC
Winston-Salem State University

Miranda Miles, Pee Dee AHEC
Winston-Salem State University

Tiffany Fishburne, Lowcountry AHEC
Furman University

Briana Georges, Mid-Carolina AHEC
University of South Carolina

The South Carolina AHEC System congratulates the accomplishments of these and all participants of the 2008 Institute!



Student of the Year award recipients were recognized at the Leadership Banquet on Thursday, June 12.



All award and scholarship winners posed for a group photo.



Steven Johnson received several awards including South Carolina AHEC Student of the Year.

Gold Medal Winner in the Lowcountry: 1 of 100!

Joy Rivers, RN, MSN, an educator for Lowcountry AHEC, recently received a Palmetto Gold award. Palmetto Gold awards are given annually to recognize 100 outstanding South Carolina nurses who represent excellence in practice and a commitment to the profession. Joy has been teaching, "The Principles and Practice of IV Therapy" on behalf of Lowcountry AHEC for three years to licensed nurses and nursing students. She is currently employed as a Clinical Educator at Beaufort Memorial Hospital.

The Palmetto Gold award is the result of South Carolina nursing organizations partnering to impact the nurse shortage by recognizing the valuable contributions that nurses make each day in healthcare settings across the state. It is sponsored by the South Carolina Organization of

Nurse Executives, South Carolina Nurses Association, South Carolina League for Nursing, South Carolina Nurses Foundation, Alpha XI Chapter of Sigma Theta Tau International, and South Carolina Colleagues in Caring Project.

A gala event was held in Columbia this spring where the winners were recognized. All proceeds from the event went toward an endowment fund, which last year raised \$100,000 for nursing scholarships for students in Registered Nurse programs and was distributed to 23 schools across South Carolina.

Congratulations Joy Rivers for representing Lowcountry AHEC and the State of South Carolina by being 1 in 100!



SAVE THE DATE: South Carolina Telemedicine Conference

The South Carolina AHEC, in collaboration with several partner organizations and with funding from The Duke Endowment, will be presenting a one-day conference titled, "Telemedicine for South Carolina: Addressing Healthcare Needs in Rural and Underserved Communities" on Friday, February 27, 2009 at the South Carolina Hospital Association's Conference Center in Columbia.

The purpose of this conference is to present the results of the state-wide needs assessment that has been conducted during the past year and to demonstrate the feasibility of using new technology to provide telemedicine services to rural South Carolina clinical offices and hospitals to enhance access to healthcare services. The conference will provide information about telemedicine from the national, state and community-level perspectives.

The objectives for this conference are: 1) Learn how telemedicine can be used to increase access to subspecialty medical services; 2) Learn what subspecialty services are most needed in rural and underserved South Carolina communities; 3) Learn how telemedicine is used in other states to increase access to healthcare services; and 4) Discuss the steps needed to increase the use of telemedicine in South Carolina.

Visit www.scahec.net for registration information in the coming weeks.

Lowcountry Coalition Awards Scholarships to Health Career Students

Camille Nairne, Co-Chair, Lowcountry Coalition for Health Careers & USC Salkehatchie Healthy Collaborative

The Lowcountry Coalition for Health Careers has established a scholarship program to provide funds to minority health career students. Five scholarships in the amount of \$500 have been awarded and the winners include: Toni T. Goff, Regina C. Goodwin, Rodrick O. Huggins, Rocel Pelle, and Kia D. Stanback. All of the winners live within the 12-county service area of the Lowcountry Coalition.

The scholarships were awarded to the students at the June 23 meeting of the Lowcountry Coalition held at the Lowcountry AHEC office in Walterboro, SC. Scholarships were awarded based on a student's acceptance into a Health Science Program (upper division for nursing), GPA greater than 3.0, two letters of recommendation, and a brief essay describing career goals/plans.

The goal of the South Carolina Coalitions for Health Careers is to increase the entry of minority students into the health professions pipeline. The Coalitions address the need for more

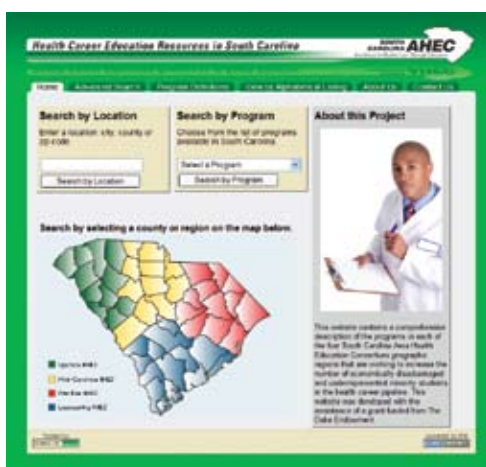
effective collaboration between secondary education, higher education, health training programs, grassroots agencies, faith-based organizations, and business leaders to address the shortage of minority health professionals within the state.

The Lowcountry Coalition for Health Careers is in the final year of funding of a grant from The Duke Endowment. The Duke Endowment grant funds other regional coalitions in the state through the grant recipient, the South Carolina AHEC.

Additional information about the Lowcountry Coalition for Health Careers can be found at: www.lowcountryrc.org.



The Lowcountry Coalition awarded five scholarships to health career students. Lowcountry Coalition members and award recipients are pictured at the award presentation.



The Health Career Education Resources in South Carolina website is an electronic database that contains information about agencies and organizations that support the preparation of minorities and underserved residents of South Carolina who are interested in exploring or pursuing professions of healthcare. The website is made possible through the support of The Duke Endowment. Access the HCER website at <http://ahec.library.musc.edu/hcer>.

Goforths Begin Their Mission to Kabul

By Gary A. Goforth, M.D., Director of Medical Education and the Family Medicine Residency Program at Self Regional Healthcare

The following is the third in a series of articles detailing the Goforths' mission to Afghanistan. These excerpts are from Dr. Goforth's blog and you can read the full text at <http://goforthsinkabul.blogspot.com>.

June 26, 2008

Kathy will be teaching several high school math courses at the International School of Kabul (<http://iskafghan.org/>). The International School of Kabul (ISK) opened in September 2005 to support the rebuilding and development of Afghanistan.

Sunday, July 20, 2008

After taking off a weekend day yesterday, I was ready to begin work at Cure International Hospital today. Morning report was fascinating as they discussed a case very typical for Greenwood, South Carolina (elderly man with ischemic heart disease status post bypass grafting, heart failure, diabetes mellitus, BPH, obesity, and digoxin toxicity). Kathy and I then went to be officially registered with the government, and I completed the usual Human Resources and Information Technology forms for large institutions. I did notice that the CURE HR badge making machine was not quite as fancy as Self Regional Healthcare's machine – the HR staff member did a lot of work on the computer, cut out the card, ran it through a laminator a few times, and hand cut out the final document!

Monday, July 21, 2008

Beginning work in a new hospital is the same everywhere – learning the people's names and faces, available laboratory and radiology tests, hospital-specific forms, and other special aspects of the facility. I attended work rounds at 6:30 AM with Dr. Tim Fader and did my best to try to hear the residents present new cases in the somewhat noisy cafeteria. I began taking photos of each resident and fellow while having them write down their name, level of training, and training program. I plan to create a



poster so everyone can get to know each other better. My poster won't be nearly as nice as the Speedy Print poster we make in Greenwood each year, but you can't be picky here!

Tuesday, July 22, 2008

Last night we were informed that we would need to be ready for pickup at 5 AM since a large demonstration was planned at 6 AM in Kabul. Apparently two Afghan tribes were in conflict, and one tribe wanted the government to do more to protect them. Our drive to the hospital was uneventful, but we heard a large explosion shortly after arriving at the hospital. We later learned that this was a "failed IED" in an area about 2 kilometers from the hospital. Apparently a suicide bomber had his explosives prematurely detonate while walking towards an Afghan Army bus. We were placed on yellow alert meaning that no one could leave the hospital or home without special clearance from the hospital administration.



Monday, July 28, 2008

At 3 PM I met with the program directors of our Family Medicine and Pathology Residencies as well as the General Surgery and OB/GYN Fellowships. We discussed several ideas that I thought might enhance our training and research activities. I received word a few days ago that the Medical University of South Carolina would allow us to access the WebCT modules developed by the South Carolina AHEC PharmDs and the Family Medicine Residency Programs. We are also working on standardizing the lecture series to insure coverage of a specific list of topics in an 18 month cycle to include faculty development, morbidity and mortality conferences for each specialty, and a monthly exam on conference topics.

Tuesday, July 29, 2008

I developed more appreciation of Jackie McBride, our great Residency Coordinator in Greenwood, while working on a new attending schedule for the remainder of July, August, and September 2008. Jackie manages to schedule 10 family physicians, 2 pediatricians, and 1 general surgeon into inpatient medicine/pediatric/OB-GYN services, private

Continued on the Next Page ...

clinics, desk attendings, night call, Sports Medicine Clinic, Admin time, and vacation/away slots. I only had to account for 2 family physicians, 2 internists, and a pediatrician working inpatient medicine/pediatric rounds, private clinics, Family Health Center precepting, and Admin time at CURE International Hospital, but still took 2 hours to complete this task. Jackie, thanks so much for keeping us straight in Greenwood. Would you like to do another schedule for Kabul?

Sunday, August 3, 2008

Today Tim Fader announced that the revolution is beginning in the residency programs. We officially began our systematic lecture schedule with prescribed topics and speakers, and I introduced the MUSC WebCT module idea. Our residents will actually be able to log into the Medical University of South Carolina WebCT site, read current articles on a variety of topics, and then take a short quiz.



Monday, August 4, 2008

After lunch we celebrated a record number of deliveries (82 last month) in the Family Health Center. The announcement was made, and the entire staff enjoyed some cake and soft drinks in appreciation of their efforts to promote our maternity services. For the readers from the Montgomery Center (MCFM), I don't think we would find many low-risk patients who would want to deliver in one of our procedure rooms, especially with no anesthesia. Our MCFM patients probably would not want to walk home with their baby a few hours after delivery either! However, in Afghanistan where the majority of women deliver at home and statistics show 1 in 7 women dying during the pregnancy and delivery process, deliveries in the Family Health Center represent a huge improvement in maternity care.

Wednesday, August 6, 2008

After a restless night worrying about how we are going to get our work done without operational computers (no AC adapters/chargers), I discovered that another apartment dweller and long-time CURE surgeon, Dr. Rick Manning, had also had his charger fried last night during the power surge. I also learned that Rick is going home to Pennsylvania to deal with some pressing issues so he can bring back chargers on his return trip.

If everything works out, we should be back in business in the next 7-10 days. In the meantime, I am able to access the Internet using a desktop computer in the Family Health Center where I precept two days a week. The security settings prevent use of the Self Regional VPN Client, but I am able to receive e-mail instantly with my Blackberry. Isn't the world a small place?

Friday, August 8, 2008

Our third Friday in Kabul has been wonderful! We did not have power after 10 PM last night and had no breeze during the night, so we were pleased that the temperature seemed a bit cooler this morning (less than 100 degrees F). I have been checking out local barber shops and asking for recommendations, so I took my first trip to a Kabul barber shop this morning. I waited for about 10 minutes and put my hair in the barber's hands. Since he couldn't speak any English, I'm sure you would have enjoyed my hand signals describing the expected haircut. The barber went to work quickly and actually did a great job. I was a bit concerned when he brought out a razor for work around the ears and neck, but pleased that he opened a new blade. The haircut ended with a refreshing head massage. Final cost: \$4 plus a \$1 tip. I mentioned my experience to David Johnson, the CURE COO, and he said I paid too much! I may pay a visit to my regular barber in Greenwood on my trip home in October just to catch up on Greenwood news, but I'm sold on barbers in Kabul!

Thursday, August 14, 2008

This afternoon at 6 PM my time (9:30 AM EDT), I spoke with Mary Mauldin at MUSC via Skype about setting up WebCT training modules for our residents and fellows at CURE International Hospital. Since the computer to computer Skype call was free, we had a chance to talk about life in Kabul. I turned on our computer webcam and let her see some views of Kabul from our apartment window. She was amazed at the difference in life between Charleston and Kabul. I am extremely grateful for MUSC's support of our training program in Kabul and also want to personally thank all of the South Carolina AHEC faculty (physicians and PharmDs) for their great work on these training modules and willingness to share this work with our Afghan physicians.

Read More at:

<http://goforthsinkabul.blogspot.com>



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CALL FOR ARTICLES:

The editorial staff of "South Carolina AHEConnects" welcomes the submission of articles, success stories and upcoming events for the Winter Edition.

Please forward information, articles and photos to Ragan DuBose-Morris at duboser@musc.edu. The deadline for submissions is November 3, 2008.